

HOGAN & HARTSON L.L.P.

500 SOUTH GRAND AVENUE
SUITE 1900
LOS ANGELES, CA 90071

Tel.: (213) 337-6700
Fax: (213) 337-6701

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IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Mark J. Consilvio
Art Unit: 2872

DATE: September 14, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

Patent Application No.: 10/758,692; Our Ref. 81870.0027

I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

September 14, 2005
Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8309 ART UNIT 2872

CLIENT NUMBER: 81870.0027

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81870.0027
Patent Application No. 10/758,692

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michifumi SHODA, et al.

Serial No: 10/758,692

Confirmation No.: 4963

Filed: January 15, 2004

For: Optical Isolator Element, A Method for Producing Such
An Element, and An Optical Isolator Using Such An
Element

Art Unit: 2872

Examiner: Mark J. Consilvio

I hereby certify that this correspondence
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(571)273-8300:
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Alexandria, VA 22313-1450 on

September 14, 2005

Date of Deposit

Diane Zynn

Name

Signature Date 09/14/05

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	21 --	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	3	-	6 ***	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$0
Independent Claims: 1, 11, 17					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$__ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☐ Please charge the fee of \$__ for the extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: September 14, 2005

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

Appl. No. 10/758,692
Amdt. Dated September 14, 2005
Reply to Office Action of June 14, 2005

Attorney Docket No. 81870.0027
Customer No.: 26021

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 14, 2005, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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